

IC675 U.S. PTR  
09/417C35

| Class | Subclass | Issue Classification |
|-------|----------|----------------------|
|       |          |                      |

**PATENT NUMBER**

**U.S. UTILITY PATENT APPLICATION**

 O.I.P.E.  
SCANNED  Q.A. AG.

PATENT DATE

| SECTOR | CLASS      | SUBCLASS   | ART UNIT     | EXAMINER           |
|--------|------------|------------|--------------|--------------------|
|        | <i>313</i> | <i>445</i> | <i>J-710</i> | <i>A. F. S. A.</i> |

FILED WITH:  DISK (CRF)  FICHE

(Attached in pocket on right inside flap)

**PREPARED AND APPROVED FOR ISSUE**

**ISSUING CLASSIFICATION**

Continued on Issue Slip Inside File Jacket

| <input type="checkbox"/> TERMINAL DISCLAIMER   | DRAWINGS                                  |             |            | CLAIMS ALLOWED             |                      |
|--|---|-------------|------------|----------------------------|----------------------|
|  | Sheets Drwg.                              | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.                      |   |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|  | (Assistant Examiner) _____ (Date)         |             |            |                            |                      |
| <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ |   |             |            | ISSUE FEE                  |                      |
|  | (Primary Examiner) _____ (Date)           |             |            | Amount Due                 | Date Paid            |
| <input type="checkbox"/> c) The terminal ____ months of this patent have been disclaimed.                                |   |             |            | ISSUE BATCH NUMBER         |                      |
|  | (Legal Instruments Examiner) _____ (Date) |             |            |                            |                      |

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(Rev. 10/97)

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